DISTRICT OF COLUMBIA PUBLIC SCHOOLS

DCEHB Health Provider Comparison Chart 2012

Healthcare Providers for employees hired on or after 10/1/1987

	Aetna Healthcare CDHP		Aetna PPO		Kaiser Permanente HMO	United Healthcare Choice Nationwide
	Preferred	**Non-Preferred**	**Preferred**	**Non-Preferred**		
Deductible (ded) Per Calendar Year	$1,200 self $2,400 family	$2,500 self $5,000 family	$750 self $1,500 family	$1,500 self $3,000 family	None	None
Health Savings Account (HSA)	**HSA applies only to Aetna Healthcare CDHP:** Employee Maximum Contribution to Health Savings Account $3,100 Self/ $6,250 Self +1/ $6,250 Family Unused funds roll over into the following year and are portable. Employees cannot participate in both CDHP and a Healthcare Flexible Spending Account.					
Out of Pocket Maximum Annual Copay	$6,050 self $12,100 family	$6,050 self $12,100 family	$1,500 self $3,000 family	$3,000 self $6,000 family	$3,500 self $9,400 family	$3,500 self $9,400 family
Primary Care Physician (PCP) Selection	Not Required		Not Required		Required	Not Required
Referral Required for Specialist	Not Required		Not Required		Required	Not Required
Preventive Care Office Visit	No Charge	40% after ded	No Charge	Ded waived $150 max	No Charge	No Charge
Primary Care Office Visits	Covered 100%	40% after ded	$15 copay	25% after ded	$10 per visit (Waived for kids under 5)	$10 copay
Specialist Office Visit	15% after ded	40% after ded	$30 copay	25% after ded	$20 per visit	$20 copay
Routine Pediatric Care	Covered 100%	40% after ded	Covered 100%	25% after ded	$10 per visit	$10 copay
Emergency Service:						
Urgent Care Office Visit	15% after ded	40% after ded	$25 copay	25% after ded	$10 per visit (PCP) /$20 per visit (Specialty)	$20 copay
Emergency Room Visit	15% After Deductible		$100 copay Waived if admitted	$100 copay after deductible	$50 per visit (waived if admitted)	$50 copay (waived if admitted)
Ambulance Service	15% After Deductible		Covered 100%	25% after ded	No Charge	No Charge
Mental Health: In-Patient	15% after ded	40% after ded	Covered 100% after ded	25% after ded	$100 per admission	$100 per admission
Mental Health: Out-Patient	15% after ded	40% after ded	$15 copay after ded	25% after ded	$10 per visit for individual therapy $5 per visit for group therapy	$10 copay
Pharmacy (Retail) G: Generic P:Preferred N:Non Preferred	G:$10/ P:$30/ N:$60 | 20% after copay		G:$10/P:$20/N:$40	Not Covered	G:$10/P:$20 /N:$35	Tier1:$20 / Tier2:$40 / Tier3:$55
Hospitalization	15% after ded	40% after ded	Covered 100% after ded	25% after ded	$100 per admission	$100 per admission
Infertility Treatment	Cost sharing based on service type		Cost sharing based on service type		50% of allowable charge	50% of allowable charge
Pregnancy Office Visits	15% after ded	40% after ded	$30 copay Initial visit only	25% after ded	No charge--Routine pre-natal visit (after confirmation of pregnancy) and first post-natal visit	$10 copay applies to first visit only
Diagnostic Lab Work & X-Ray	15% after ded	40% after ded	Covered 100% if part of office visit	25% after ded	No charge	No charge
Dental Care Discount	Dental Discount Provided		Dental Discount Provided		$30 for preventive dental care services	Dental Discount Provided
Vision Care	Covered 100% for 1 routine exam per 12 months.		$30 copay after ded/1 visit per year	Not Covered	$10 per visit (PCP) /$20 per visit (Specialty)	$20 per specialist visit for 1 routine exam every 2 years

District of Columbia Employees Health Benefit (DCEHB)
Effective: January 1, 2012

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

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This summary of benefits is provided for general comparison purposes only.

Health benefits and health insurance plans contain exclusions and limitations. Not all covered health services are listed. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. You may be responsible for the health care provider's full charges for any non-covered services.